

MARYLAND BOARD OF NURSING  
REHABILITATION PROGRAM  
4140 PATTERSON AVENUE  
BALTIMORE, MARYLAND 21215-2254  
TELEPHONE: 410-585-1924 FAX: 410-358-1499

WORK SITE REPORT

Date: \_\_\_\_\_

Name of Nurse: \_\_\_\_\_ License #: \_\_\_\_\_

(Please rate employee 1-3: 3=Most Satisfactory; 1=Unsatisfactory)

Time and Attendances Changes: \_\_\_\_\_  
(i.e., absenteeism, tardiness, etc.)

Relationship with Co-workers / Patients / Clients: \_\_\_\_\_

Attitude: \_\_\_\_\_

Professionalism: \_\_\_\_\_

Personality Changes: \_\_\_\_\_ Yes \_\_\_\_\_ No (Please comment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of time under your supervision: \_\_\_\_\_

Additional information / comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name (please print)

Signature of Supervisor

\_\_\_\_\_

Title of Supervisor

\_\_\_\_\_

Site / Address